

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000478 (5)
1. Corporation Name
THE ORCHID CONSERVATION COMMITTEE, INC.



Principal Place of Business 10845 97TH ST N LARGO FL 34643	Mailing Address 10845 97TH ST N LARGO FL 33773-4444
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3. Date Incorporated or Qualified 01/24/1996	3a. Date of Last Report
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. 33773	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. 33773
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4. FEI Number EIN 59-3369629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOROWITZ, MITCHELL I
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81. Name **ELMER N. SPENCE**
82. Street Address (P.O. Box Number is Not Acceptable) **10845 97TH STREET N,**
83.
84. City **LARGO** FL 85. Zip Code **33773**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Elmer N. Spence* **ELMER N. SPENCE, PRESIDENT** DATE: **4/26/97**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKNER, JOHN	
STREET ADDRESS	736 MYRTLE WAY S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, KENNETH A	
STREET ADDRESS	P O BOX 6552 N/A	
CITY-ST-ZIP	MACDILL AFB TAMPA FL 33608	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMS, BILL	
STREET ADDRESS	2333 MCINTOSH RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPENCE, ELMER	
STREET ADDRESS	10845 97TH ST N	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURCH, DONNA K	
STREET ADDRESS	6009 SANTA MONICA DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, ROY DR	
STREET ADDRESS	2950 58TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elmer N. Spence* **ELMER N. SPENCE, PRES.** DATE: **4/26/97** DAYTIME PHONE: **464-3783**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)